

144 Willie L. Fluellen Dr.  
Gray, GA 31032  
Phone (478) 986-2222  
Fax (478) 986-2264



Dr. Gail Wincey  
Principal  
Tonisha Battle  
Child Care Director

Dear Parents,

Due to the high volume of interest, we have decided to organize another Cub Care Camp at Turner Woods Elementary School. Beginning Monday, June 2, 2014, CUB-CARE Camp will operate on Monday – Friday (**excluding week of June 30- July 4, 2014**) from 7:00 A.M. to 6:30 P.M.

CUB-CARE Camp will provide many activities, projects, games, and enrichment activities. The campers will have the opportunity to engage in physical activities focused on the development of fine motor and gross motor skills. For every two weeks there will be a theme in which students will be able to select from a variety of stations which include: arts and crafts, creative cooking, group projects, and enrichment centers that integrate mathematics, reading, social studies, and science. Additionally, our CUB-CARE Campers will attend a couple of field trips, welcome various surprise visitors, and have Free and Fun-filled Fridays. Each Friday will vary with activities, such as if weather permits, outside water activities/games, inside inflatable activities/games, and/or cooking activities.

TWES students and their siblings are eligible to participate (rising Pre K – 6<sup>th</sup> grade: ages 4-12). Unfortunately, we are unable to provide breakfast and lunch. Therefore, please provide your child (ren) with a lunch daily. All CUB-CARE Campers will be provided with a morning and afternoon snack daily.

CUB-CARE Camp drop off and pick up will be located in the TWES gym. It is suggested that parents label articles of clothing and other possessions brought to camp. Easy identification of belongings will prevent them from being lost or misplaced. Campers are not permitted to bring electronic devices to camp. TWES will not be responsible for any lost, stolen, or broken objects.

If you would like your child(ren) to attend CUB-CARE, please thoroughly read the attached policies and guidelines of CUB-CARE. Please select your preferred agreement, complete the information, and sign at the bottom. After reading the information on conduct, pick-ups, and medications, please sign and date at the bottom. Finally, complete the CUB-CARE Camp student information sheet and sign at the bottom.

In order to guarantee a spot for your child(ren), we ask for a non-refundable \$25 registration fee (per student) by **April 18, 2014**. There will only be 60 available spaces. The registration fee along with the (3) forms can be mailed or brought in to the TWES front office. Please make all checks payable to Turner Woods Elementary.

A detailed summer camp calendar will be provided to camper parents by **May 9, 2014**.

Thank you for supporting our school family, and we look forward to serving your family this summer!

Sincerely,  
Tonisha C. Battle  
CUB-CARE Director & Coordinator

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Please check the service agreement for which your family wishes to register. Sign and date in the appropriate place. **There is a \$25.00 registration fee (per child).**

\_\_\_\_\_ **Contracted Agreement:**

**Weekly Rates:** \$85.00 for the first child; \$75.00 for the second child; \$55.00 for the third child; **\$30 per week non-attendance fee to retain place in program.**

**Times:** 7:00 AM - 6:30 PM

**When:** June 2 – July 25, 2014 (excluding week of June 30 - July 4, 2014)

Holidays will necessitate a price adjustment to accommodate the maximum supervision hours possible for the time frame. **Parents will not be charged for the week of June 30- July 4, 2014.**

**Payment Dates:** Friday of each service week (you may pay early)

**{Camp services will be discontinued if payment is not made by the following Monday morning for the specified week of services. This program will not be able to operate a “charge system” for services.}**

The contracted fees, as defined above, allow for supervision from the hours of 7:00 A.M.-6:30 P.M. **Parents registering for the contracted agreement will be bound by the fees for the contract period once registration is complete.**

Personnel will be hired based on the number of contracted families participating in the program. Spaces are guaranteed for contracted services.

**Number of children for contracted services:** \_\_\_\_\_

\_\_\_\_\_ **Hourly/Drop off Agreement:**

**Daily Rates:** \$5.00 per hour per child (any part of an hour)

**Payment Dates:** Payment is due at the time of student pick up on the day services have been rendered. **Spaces for hourly or drop off services are not guaranteed.** Services will be provided on a first come first serve basis. Parents may wish to phone ahead to verify if spaces are available on any given day.

Reimbursements cannot be given for partial hours.

**Number of children for hourly/drop off services:** \_\_\_\_\_

**\*In the event that a check is returned, an administration fee of \$15.00 will be applied to the tuition account, and the individual must pay in cash or money order for all future payments.\***

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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## Behavior Code of Conduct

Students will be expected to adhere to the TWES Student Code of Conduct as presented in the Student Handbook while under the supervision of school personnel.

It is understood that chronic misbehavior could result in the termination of services from the camp.

Copies of the Student Handbook may be obtained from the school main office.

### Daily Sign-In/Sign Out:

Campers must be signed in and out daily by a parent or authorized person. Campers may be picked up or dropped off anytime during our operating hours. Campers will only be released to parent/guardian and/or people specifically authorized on student information sheet. Children may NOT sign themselves in or out. For the safety of your child, individuals may be required to show proof of ID at anytime.

If special consideration/concerns regarding pick up exist, the parents should notify the supervisor in advance of the situation and should complete a "Special Pick Up" form. Custody concerns should be discussed with school administration and proper legal papers provided.

**All children must be picked up by 6:30 P.M. A late fee of \$1.00 for every minute late will automatically be charged to the parent's/guardian's tuition account.**

### Medications

Administration of medication will be performed by the certified teaching staff. Parents must complete a medication form for medicines to be given on a regular basis. Medications necessary for short term basis only must be accompanied with a signed written directive indicating dosage and time for administration.

Should a student become ill, the supervisor will attempt to make phone contact with persons listed on the student's Emergency Contact Sheet. For emergency situations requiring immediate medical attention, Jones County Rescue will be contacted. Parents should indicate their hospital of choice at the time of registration in the event of necessary emergency transportation.

Please sign and date below indicating that you agree to these terms.

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Parent's/Guardian's Signature

Date

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\_\_\_\_\_ Contracted \_\_\_\_\_ Hourly \_\_\_\_\_ **Shirt Size**

### CUB-CARE CAMP Student Information Sheet

Student's Name: \_\_\_\_\_ Grade 2014-2015: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Known medical concerns of student and procedures: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ In the case of emergency, I grant medical emergency personnel permission to transport my child to \_\_\_\_\_ hospital/treatment center.

Please list the **names and numbers** of people authorized to pick the student up from camp.

1. \_\_\_\_\_

2. \_\_\_\_\_

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Parent's/Guardian's Signature

Date